

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE									
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 04/10/81		DAY Friday		TIME MILITARY 1723					
CRASH OCCURRED ON Private Property at McDonald's				WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET MILEPOST, HOUSE NO)						CITY CODE							
MILES 150 FEET				E. Main St. and Dave Street						83							
LOG-1		LOG-2		LOC JUR FH3 FILT													
A UNIT NO.		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Geico Ins. Co.									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI):				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):													
Trentham, Alicia, R.				6683 St. Rt. 350 New Vienna, OH 45159													
PHONE NO (937) 218-8624		BIRTH DATE 01/27/80		AGE 36		SEX F		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO SA957833		OCCUPATION UNK			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE					
SAME AS																	
VEH YR 2008		MAKE CHEV		MODEL 45		COLOR GREY		STYLE 45		STATE OH		LICENSE PLATE NO FUH7884		TOWING SERVICE NONE		VEH. PED DIR FROM S TO N	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Atlantic States Ins. Co.									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI):				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):													
Vanover, Patricia, F.				8080 S. St. Rt. 48 Apt. 315 Maineville, OH 45039													
PHONE NO (513) 583-5997		BIRTH DATE 07/11/64		AGE 69		SEX F		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RH495350		OCCUPATION UNK			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE					
Same As																	
VEH YR 2006		MAKE Hyundai		MODEL HB		COLOR Black		STYLE HB		STATE OH		LICENSE PLATE NO AMZ9817		TOWING SERVICE NONE		VEH. PED DIR FROM S TO N	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
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		ADDRESS		PHONE													
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		A B C D E F		A B C D E F					
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		A B C D E F		A B C D E F					
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F		A B C D E F					
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